



## **New York State Coalition for Children's Behavioral Health**

# **PRINCIPLES FOR AN INTEGRATED SERVICE DELIVERY SYSTEM FOR NEW YORK'S CHILDREN, YOUTH AND FAMILIES**

**1**

## **ADVANCING A FAMILY/CHILD-CENTERED SYSTEM**

- The concept of family centrality is the framework for public policy and network development
- Positive adult health outcomes for children depends on the capability and support of the family
- Promote strength based skill sets and family engagement techniques

**2**

## **MAXIMIZING LIFE POTENTIAL FOR CHILDREN AND YOUTH**

- Adopt a population-level health framework to support the whole-person
- Diversity, equity & inclusion sensitive and appropriate
- Strive for optimal behavioral health and overall wellness across a continuum

**3**

## **DRIVING CARE DECISIONS BY SOCIAL DETERMINANTS OF HEALTH (SDoH) FOR CHILDREN AND FAMILIES**

- SDoH significantly alter a child's health and socioeconomic trajectories
- Integrated services aim to address the physical, behavioral, and social needs of families and children who face significant adversity caused by structural racism, poverty, food scarcity, exposure to violence, and inadequate housing
- Innovative funding mechanisms/incentives should be implemented to promote SDoH
- Focus on SDoH will enhance care and improve overall health outcomes throughout a child's life

**4**

## **IMPROVING ACCESS FOR ALL CHILDREN AND FAMILIES**

- Expand beyond traditional services to implement alternative approaches such as Youth Act, CFTSS, school based mental health, etc.
- Evaluate effectiveness of Medicaid managed care on access
- Ensure culturally and linguistically responsiveness
- Establish meaningful partnerships between cross-system child-serving agencies and community stakeholders

**5**

## **BUILDING AND SUPPORTING A DIVERSIFIED INTEGRATED WORKFORCE FOR SUCCESSFUL OUTCOMES**

- Ensure continuity of staff across care and service placements
- Optimize the use of technology to support integrated care and services
- Increase the pool of workers by reducing barriers to reimbursement and streamline administrative rules/regulations that burden staff, children and families
- Invest in on-going incentives and training for recruitment and retention focusing on underserved or underrepresented diverse populations

## 6

### COORDINATING SYSTEMS OF CARE FOR A SEAMLESS CONTINUUM OF INTEGRATED SERVICES

- Use data to inform policy, program and service reform and support evidenced-informed/based practices
- Results focused leading to better & improved outcomes for children and families
- Coordinate a network of enriched community-based services and supports
- Enhance residential services with a focus on coordinated aftercare for ensured success

## 7

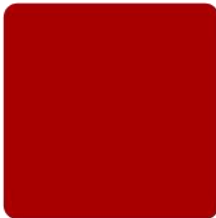
### SUPPORTING AND DEVELOPING A DATA DRIVEN CARE DELIVERY SYSTEM

- Facilitate access to data by enabling certain entities (IPAs, provider associations, etc.) to access the Medicaid Data Warehouse & include data sharing requirements in future managed care contracts
- Revise the existing RFP process for children's services to give greater weight to the data-driven information about capacity, gaps in services and unmet needs that OMH develops.
- Ensure that awards and contracts better address accessibility to equivalent array of services for children and families

## 8

### TRANSFORM PAYMENT DELIVERY SYSTEMS TO ADVANCE VALUE-BASED INTEGRATED CARE

- Move services to a value-based payment approach with provider incentives that meet benchmarks for integrated care.
- Create alternate payment models that allows for integrated services under enhanced risk capitated payment
- Invest available resources into Complex Care Coordinated Networks that support families navigating across systems.
- Sustain and enhance an integrated care delivery system by allocating fifty percent of all federal funding to children and family services
- Reinvest all state savings to sustain, enhance and reform current programs and services to provide for a seamless continuum of care



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